

PAGE	1	OF	1
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Now or Never PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00513432 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ➤ <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px; text-align: center;">M M 06</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px; text-align: center;">D D 16</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px; text-align: center;">Y Y Y Y 2014</div> </div>	

Full Name of Payee Patrick Media		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 200 W Jefferson		Amount 91646.00	
City Marshfield	State MO	Zip Code 65706	Transaction ID : SE.4534
Purpose of Expenditure Radio Ads	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2014	
Name of Federal Candidate THAD COCHRAN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: MS
Calendar Year-To-Date Per Election for Office Sought	91646.00	Disbursement For: <input checked="" type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount \$ _____
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	91646.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	91646.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James C Thomas III

[Electronically Filed]

Date _____

Signature

FEC Schedule E (Form 24/28) Rev. 09/2013